

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns: DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070
4. Contact Name: Craig Richardson
Phone: (303) 228-4232
Fax:
Email: Denverregulatory@nblenergy.com

5. API Number 05-123-11953-00
6. County: WELD
7. Well Name: LATHAM
Well Number: 3-1
8. Location: QtrQtr: NESW Section: 3 Township: 4N Range: 65W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 09/28/1984

Perforations Top: 7030 Bottom: 7044 No. Holes: 64 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

1/4/2004: Codell frac 7030'-7040', 40 holes, 3.028 bbls slurry, 260,480 lbs 20/40

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 3028 Max pressure during treatment (psi): 5355

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): 260480 Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

Form 5A submitted to report Codell refrac on 1/4/2012.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Webb

Title: Sr. Regulatory Analyst Date: 8/19/2019 Email julie.webb@nblenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402031711	FORM 5A SUBMITTED
402031723	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	•Corrected perferd interval of the refrac per attached operations summary Doc. 402031723 (top perf) and Doc. 1119639 (bottom perf)	09/24/2019

Total: 1 comment(s)